U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number_U 9486	2 Fiscal Year Covered From
	1 / 1; / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
,	
Name Gary W Ham	Name Transportation Communication Union Lodge 6078
	Labor Organization File Number 019 812
PO Box Bidg Room No if any	PO Box Building and Room Number if any
Street 123 North Nineth	Street 3 Reséarch Place ; , ;
City Dupo	City Rockville
State Illinois ZIP Code+4 62239-15	State Maryland ZIP Code + 4 20850
Position in labor organization Chairman Board of Trustee	's
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(except as specified in the A Held an interest in engaged in transactions (including loans) with monetary value from an employer whose employees your organ	exclusions set forth in the instructions) n or derived income or other economic benefit of
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Name of Person Filing Gary Ham		File Number U		
B Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent or directly to or otherwise	S		
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name Marshall Friedman Trade Name of any Law Offices PO Box Bidg Room No of any 'Thirteenth Floor Street 1010 Market St City St Louis ,	a Labor Organiza b Trust c Employer	ation		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ling		
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14 b Amount of payment.

or Consultant

13 b Is the Business an Employer

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